

## ISSUE SLIP STAPLE AREA (for additional cross references)

POSITION	INITIALS	ID NO.	DATE
FEE DETERMINATION	H V		
O.I.P.E. CLASSIFIER			10 7-26-01
FORMALITY REVIEW	ll	823	8/27/01
RESPONSE FORMALITY REVIEW			

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## INDEX OF CLAIMS

✓ ..... Rejected      N ..... Non-elected  
 = ..... Allowed      I ..... Interference  
 - (Through numeral)... Canceled      A ..... Appeal  
 ÷ ..... Restricted      O ..... Objected

Claim	Final	Original	Date
1	✓	✓	10/17/01
2	X	✓	10/17/01
3	-	-	
4	-	-	
5	-	-	
6	-	-	
7	-	-	
8	-	-	
9	-	-	
10	-	-	
11	-	-	
12	-	-	
13	-	-	
14	-	-	
15	-	-	
16	-	-	
17	✓	✓	✓
18	-	-	
19	-	-	✓
20	✓	✓	✓
21	N	N	N
22	N	N	N
23	✓	✓	✓
24	✓	✓	✓
25	✓	✓	✓
26	N	N	N
27	-	-	
28	-	-	
29	-	-	
30	-	N	N
31	✓	✓	✓
32	-	-	
33	-	-	
34	-	-	
35	-	-	
36	-	-	
37	-	-	✓
38	-	-	
39	-	-	
40	-	-	
41	-	-	
42	-	-	
43	X	✓	✓
44	-	-	
45	-	-	
46	-	-	
47	-	-	
48	-	-	✓
49	-	-	
50	-	-	✓

Claim	Final	Original	Date
51	-	-	✓
52	-	-	
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Claim	Final	Original	Date
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150	-	-	

If more than 150 claims or 10 actions  
staple additional sheet here

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10/17/01  
10/27/01